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To:

Name:	FACSIMILE:	TELEPHONE:
MS AF	(571) 273-8300	

FROM:

Barbara M. Hayashi

DATE:

June 30, 2006

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Number of pages	4	Our Reference 480062001800
with cover page:		

Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

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Comments:

Application No. 10/727,287

Attached: a) Transmittal Form, b) Fee Transmittal (original and duplicate), c) Request for Continued Examination.

Request

JUN 3 0 2006

PTC/S8/30 (04-05)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request	Application Number	10/727,287			
For Continued Examination (RCE)	Filing Date	December 3, 2003			
Transmittal	First Named Inventor	Scott W. SANDERS			
Address to: MS RCE	Art Unit	3763			
Commissioner for Patents P.O. Box 1450	Examiner Name	A. S. Ahmed			
Alexandria, VA 22313-1450	Attorney Docket Number	480062001800			
This is a Request for Continued Examination (RCE) under Request for Continued Examination (RCE) practice under 37 CFF 8, 1995, or to any design application.	r 37 CFR 1.114 of the above R 1.114 does not apply to any ut	identified application. lity or plant application filed prior to June			
Submission required under 37 CFR 1.114 Note: If amendments enclosed with the RCE will be entered in the applicant does not wish to have any previously filed unertie amendment(s).	order in which they ware filed up	less applicant instructs otherwise. If			
a. X Previously submitted. If a final Office action may be considered as a submission even if	is outstanding, any amendo this box is not checked.	nents filed after the final Office action			
Consider the arguments in the Appeal Br		filed on			
ii. Other					
b. Endosed					
i Amendment/Reply iii Information Disclosure Statement (IDS)					
iiAffidavit(s)/Declaration(s) iv	/,Other				
Miscellaneous Suspension of action on the above-identifier	d anglication is requested un	der 37 CER 1 103(c) for a			
a. Suspension of action on the above-identified period of months. (Period of su					
b. Other					
3. Fees The RCE fee under 37 GFR 1.17(e) is require	d by 37 GFR 1.114 when the I	RCE is filed.			
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 03-1952 Lhave enclosed a duplicate copy of this cheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.					
i. X RCE fee required under 37 CFR 1.17(e)					
II. Extension of time fee (37 CFR 1.136 and 1.17)					
iii. Other					
b. Check in the amount of \$ enclosed					
c. Payment by credit card (Form PTO-2038 enclosed) SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
100	A II				
Signature Name (Print/Type) Todd W, Wight	Date	June 30, 2006 atton No. 45,218			
reame (-mm type) 1000 4v. valgin		10/210			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facalmile no. (571) 273-8300, on the date shown below.					
Dated: June 30, 2006 Signature: (Barbara Hayashi)					

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PTO/SB/17 (01-06)

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U.S. Palant and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/727,287 Application Number FEE TRANSMITTAL December 3, 2003 Filing Date Scott W. SANDERS For FY 2006 First Named Inventor A. S. Ahmed Examiner Name 3763 Applicant dalms small entity status. See 37 CFR 1.27 Art Unit 480062001800 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 790.00 METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order None Check Credit Card Morrison & Foerster LLP x Deposit Account Deposit Account Namber, 03-1952 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x | Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (3) Application Type Fee (\$) Fee (\$) Fee (\$) 200 100 500 250 300 150 Utility 100 50 130 65 200 100 Design 100 300 150 160 80 200 Plant 300 150 500 250 600 Reissue 300 0 100 O 0 200 Provisional Small Entity 2. EXCESS CLAIM FEES Fco (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 180 Multiple dependent claims 360 Multiple Dependent Claims Total Claims Extra Claims Fee Pald (\$) Fee Paid (\$) Fee (\$) HP - highest number of total claims paid for, if greater than 20, Fee Paid (\$) Extra Claims - = HP = highest number of independent claims paid for, if greater then 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheers or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Total Sheets (round up to a whole number) x - 100 = _ Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1801 Request for continued examination (RCE) (see 37. 790.00 SUBMITTED BY Registration No. (949) 251-7189· 45,218 Telephone Signature June 30, 2006 Oats Name (Print/Type) Todd W. Wight

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FEE TRANSMITTAL FOR FY 2006 Application Number 10/72/287 Filing Data December 3, 2003	Under the Paperwor	rk Reduction Act of 1995	. no person are i	required to	U.S. Pati	ani and Teade	proved for use through mark Office; U.S. D	gh 7/31/2006,	A
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METHOD OF PAYMENT (s) 790.00 Attorney Docket No. 480062001800	<u> </u>				Examiner Nam	e	A. S. Ahmed		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Othor (please identify):	Applicant daim	s small ontity atatus, S	See 37 CFR 1.2	7					
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number O3-1952 Deposit Account Name Monison & Foerster LLP	TOTAL AMOUNT O	F PAYMENT	(\$) 790.00						
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